## PART B - FEE(S) TRANSMITTAL Complete Me send this feen, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(703) 746-4000 or <u>Fax</u>

INSTRUCTIONS: This fo appropriate. All further co- indicated unless corrected maintenance fee notification	rrespondence including the below or directed otherwise	smitting the ISSU Patent, advance ord in Block I, by (a)	E FEE and lers and noting a	PUBLICATION FEE fication of maintenance new correspondence	(if required). ice fees will be address; and/	Blocks 1 through 5 : e mailed to the curren or (b) indicating a sep	should be completed where t correspondence address as arate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  7590 12/16/2004				Fee(s) Transn papers. Each	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
Teresa J Welch Michael Best & Friedrich One South Pinckney Street Suite 700 PO Box 1806				Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.				
Madison, WI 5370	Mary A		A. Koc		(Depositor's name)			
				Ma	xu a	. Koces	(Signature)	
					/3/16	105/	(Date)	
APPLICATION NO.	FILING DATE	F	IRST NAME	DINVENTOR	ATT	ORNEY DOCKET NO.	CONFIRMATION NO.	
09/402,636	04/26/2000	Richard B. Ma		3. Mazess		17620-9277	6232	
TITLE OF INVENTION: TARGETED THERAPEUTIC DELIVERY OF VITAMIN D COMPOUNDS								
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION F	EE 1	OTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$700		\$300		\$1000	03/16/2005	
EXAMINER		ART UNIT		CLASS-SUBCLAS	SS			
HUYNH, F	1644		424-195110					
1. Change of correspondence CFR 1.363).  Change of correspond Address form PTO/SB/1:  "Fee Address" indicate PTO/SB/47; Rev 03-02 of Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  1 Michael Best & Friedrich LLP  2 Teresa J. Welch  3 Gregory J. Hartwig							
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	HE PATENT	(print or type)				
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be a 37 CFR 3.11. Completion	of this form is NOT	a substitute	for filing an assignmer	nt.		locument has been filed for	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY 22/2005 MBIZUNE2 00000042 09402636								
	e Internatio	nal, Inc		_ Mad	dison.	I FC:2501 2 FC:1504 WI	700.00 OP 300.00 OP oup entity Government	
4a. The following fee(s) are	enclosed:	4b.	Payment of	Fee(s):				
Issue Fee			🔀 A check i	n the amount of the fee	e(s) is enclosed	i.		
Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached.								
Advance Order - # of Copies The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).								
5. Change in Entity Status	(from status indicated above	)	_			-		
	MALL ENTITY status. See					TITY status. See 37 C		
The Director of the USPTO NOTE: The Issue Fee and P interest as shown by the reco	is requested to apply the Issu ublication Fee (if required) v ords of the United States Pate	re Fee and Publicativill not be accepted ent and Trademark	ion Fee (if an from anyone Office.	y) or to re-apply any r other than the applica			ation identified above. he assignee or other party in	
	750 15	~H~	7	•	311	6/nG		

Authorized Signature 2 Typed or printed name

Registration No.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.